

		FOR OHF USE					

LL1

2003  
STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC AID  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2003)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION  
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY  
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE  
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE  
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL  
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM  
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0036640

Facility Name: Alden Valley Ridge Rehab & HCC

Address: 275 E. Army Trail Rd. Bloomingdale 60108  
Number City Zip Code

County: DuPage

Telephone Number: ( 630)893-9616 Fax # ( 630 )924-1059

IDPA ID Number: 36-3738956

Date of Initial License for Current Owners:

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input checked="" type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:  
Name: Steven M. Kroll Telephone Number: ( 630 )286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the  
State of Illinois, for the period from 01/01/2003 to 12/31/2003  
and certify to the best of my knowledge and belief that the said contents  
are true, accurate and complete statements in accordance with  
applicable instructions. Declaration of preparer (other than provider)  
is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information  
in this cost report may be punishable by fine and/or imprisonment.

Officer or  
Administrator  
of Provider

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Type or Print Name) Steven M. Kroll  
(Title) Chief Financial Officer

Paid  
Preparer

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Print Name and Title) \_\_\_\_\_  
(Firm Name & Address) \_\_\_\_\_  
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE  
ILLINOIS DEPARTMENT OF PUBLIC AID  
201 S. Grand Avenue East  
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

# 0036640 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	207	Skilled (SNF)		75,555	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	207	TOTALS		75,555	7

B. Census-For the entire report period.						
	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	26,556	4,656	8,671	39,883	8
9	SNF/PED					9
10	ICF	18,488	2,038	178	20,704	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,044	6,694	8,849	60,587	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.19%

D. How many bed-hold days during this year were paid by Public Aid?  
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)  
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?  
Date started 02/01/91

J. Was the facility purchased or leased after January 1, 1978?  
YES ☒ Date 02/01/91 NO ☐

K. Was the facility certified for Medicare during the reporting year?  
YES ☒ NO ☐ If YES, enter number of beds certified 60 and days of care provided 6,019

Medicare Intermediary Administar Federal, Inc

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/03 Fiscal Year: 12/31/03

\* All facilities other than governmental must report on the accrual basis.

## STATE OF ILLINOIS

Page 3

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	408,020	41,511	13,200	462,731	700	463,431		463,431			1
2	Food Purchase		396,452		396,452	(36,782)	359,670	(1,922)	357,748			2
3	Housekeeping	198,534	40,379		238,913	200	239,113		239,113			3
4	Laundry	50,289	17,726		68,015	150	68,165		68,165			4
5	Heat and Other Utilities			209,268	209,268		209,268	1,986	211,254			5
6	Maintenance	53,324	9	134,897	188,230	150	188,380	12,339	200,719			6
7	Other (specify):* security			21	21		21		21			7
8	<b>TOTAL General Services</b>	710,167	496,077	357,386	1,563,630	(35,582)	1,528,048	12,403	1,540,451			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,575,482	199,851	5,648	2,780,981	3,500	2,784,481	(61,387)	2,723,094			10
10a	Therapy	82,012			82,012	250	82,262		82,262			10a
11	Activities	52,063	(303)	4,600	56,360	802	57,162		57,162			11
12	Social Services	37,739			37,739	84	37,823		37,823			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	2,747,296	199,548	28,248	2,975,092	4,636	2,979,728	(61,387)	2,918,341			16
	<b>C. General Administration</b>											
17	Administrative	201,426			201,426		201,426		201,426			17
18	Directors Fees											18
19	Professional Services			656,111	656,111	(652)	655,459	(615,768)	39,691			19
20	Dues, Fees, Subscriptions & Promotions			39,551	39,551		39,551	(29,840)	9,711			20
21	Clerical & General Office Expenses	429,607	17,024	52,071	498,702		498,702	38,382	537,084			21
22	Employee Benefits & Payroll Taxes			475,728	475,728	31,598	507,326	58,817	566,143			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,191	4,191		4,191	12,621	16,812			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			133,599	133,599		133,599	11,556	145,155			26
27	Other (specify):* bad debt			3,089	3,089		3,089	(3,089)				27
28	<b>TOTAL General Administration</b>	631,033	17,024	1,364,340	2,012,397	30,946	2,043,343	(527,321)	1,516,022			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,088,496	712,649	1,749,974	6,551,119		6,551,119	(576,305)	5,974,814			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			60,136	60,136		60,136	249,035	309,171			30
31	Amortization of Pre-Op. & Org.							3,699	3,699			31
32	Interest			99,170	99,170		99,170	504,924	604,094			32
33	Real Estate Taxes							187,854	187,854			33
34	Rent-Facility & Grounds			900,548	900,548		900,548	(900,548)				34
35	Rent-Equipment & Vehicles			16,851	16,851		16,851	23,263	40,114			35
36	Other (specify):*							49,250	49,250			36
37	TOTAL Ownership			1,076,705	1,076,705		1,076,705	117,477	1,194,182			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	13,294	354,628	467,788	835,710		835,710	(268,142)	567,568			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,333	113,333		113,333		113,333			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	13,294	354,628	581,121	949,043		949,043	(268,142)	680,901			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,101,790	1,067,277	3,407,800	8,576,867		8,576,867	(726,970)	7,849,897			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(49,252)	30		9
10	Interest and Other Investment Income	(127)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,105)	2		13
14	Non-Care Related Interest	(43,760)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(11,856)	21		17
18	Fines and Penalties	(275)	32		18
19	Entertainment	(275)	20		19
20	Contributions	(1,583)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,929)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(3,089)	27		24
25	Fund Raising, Advertising and Promotional	(25,221)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (145,472)		\$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(536,906)	various	34
35	Other- Attach Schedule	(44,592)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (581,498)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B) )	\$ (726,970)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Sch. V Line	
	Amount	Reference	
1	Late fees on utilities	\$ (1,774)	5
2			2
3	Flu shots	(4,303)	21
4	intercompany interest (FAS interest)	(29,827)	32
5			5
6	Back out misc income gl-4977	(119)	21
7	Back out 30.13% of IHCA fees	(3,331)	20
8	Marketing Manager	(8,514)	21
9	Deprec exp adjust. To correct ytd amount	886	30
10	marketing manager benefits	(1,135)	22
11	Reclass Vend Settlement	1,784	21
12	Reclass Vend Settlement	(1,784)	6
13	But out prior yrs exp	1,784	6
14			14
15	Adj Def maint exp tp correct painting	1,741	6
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	(44,592)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Valley Ridge Rehab &amp; HCC

# 0036640

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,105)	0	0	1,183	0	0	0	0	0	0	0	(1,922)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,774)	0	3,760	0	0	0	0	0	0	0	0	1,986	5
6	Maintenance	1,741	0	12,211	0	0	0	(40)	(1,573)	0	0	0	12,339	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(3,138)</b>	<b>0</b>	<b>15,971</b>	<b>1,183</b>	<b>0</b>	<b>0</b>	<b>(40)</b>	<b>(1,573)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,403</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(60,664)	(723)	0	0	0	0	0	0	(61,387)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(60,664)</b>	<b>(723)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(61,387)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,929)	3,800	(612,639)	0	0	0	0	0	0	0	0	(615,768)	19
20	Fees, Subscriptions & Promotions	(30,410)	0	570	0	0	0	0	0	0	0	0	(29,840)	20
21	Clerical & General Office Expenses	(23,008)	0	33,522	18,919	8,949	0	0	0	0	0	0	38,382	21
22	Employee Benefits & Payroll Taxes	(1,135)	0	57,912	0	2,040	0	0	0	0	0	0	58,817	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	12,621	0	0	0	0	0	0	0	0	12,621	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	11,263	293	0	0	0	0	0	0	0	0	11,556	26
27	Other (specify):*	(3,089)	0	0	0	0	0	0	0	0	0	0	(3,089)	27
28	<b>TOTAL General Administration</b>	<b>(64,571)</b>	<b>15,063</b>	<b>(507,721)</b>	<b>18,919</b>	<b>10,989</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(527,321)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(67,709)</b>	<b>15,063</b>	<b>(491,750)</b>	<b>(40,562)</b>	<b>10,266</b>	<b>0</b>	<b>(40)</b>	<b>(1,573)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(576,305)</b>	<b>29</b>

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(48,366)	284,996	10,584	0	1,821	0	0	0	0	0	0	249,03530
31	Amortization of Pre-Op. & Org.	0	1,899	1,697	0	0	103	0	0	0	0	0	3,69931
32	Interest	(73,989)	527,773	50,163	0	821	156	0	0	0	0	0	504,92432
33	Real Estate Taxes	0	180,463	7,050	0	341	0	0	0	0	0	0	187,85433
34	Rent-Facility & Grounds	0	(900,548)	0	0	0	0	0	0	0	0	0	(900,548)34
35	Rent-Equipment & Vehicles	0	0	23,263	0	0	0	0	0	0	0	0	23,26335
36	Other (specify):*	0	49,250	0	0	0	0	0	0	0	0	0	49,25036
37	TOTAL Ownership	(122,355)	143,833	92,757	0	2,983	259	0	0	0	0	0	117,47737
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	038
39	Ancillary Service Centers	0	0	0	(26,305)	(38,216)	(203,621)	0	0	0	0	0	(268,142)39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	040
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	041
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	042
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	043
44	TOTAL Special Cost Centers	0	0	0	(26,305)	(38,216)	(203,621)	0	0	0	0	0	(268,142)44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(190,064)	158,896	(398,993)	(66,867)	(24,967)	(203,362)	(40)	(1,573)	0	0	0	(726,970)45



VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Services, Inc	100	See page 6K		See page 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent income	\$ 900,548	Valley Ridge Associates Limited Partenship		\$	(900,548)	1
2	V	32	Investment income - RR	458	Valley Ridge Associates Limited Partenship			(458)	2
3	V	19	Audit expense		Valley Ridge Associates Limited Partenship		3,800	3,800	3
4	V	33	Real Estate taxes		Valley Ridge Associates Limited Partenship		180,463	180,463	4
5	V	26	Property & Liability insurance		Valley Ridge Associates Limited Partenship		11,263	11,263	5
6	V	32	Interest on Mortgage payable		Valley Ridge Associates Limited Partenship		528,231	528,231	6
7	V	36	Mortgage insurance premium		Valley Ridge Associates Limited Partenship		49,250	49,250	7
8	V	31	Amortization		Valley Ridge Associates Limited Partenship		1,899	1,899	8
9	V	30	Depreciation		Valley Ridge Associates Limited Partenship		284,996	284,996	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 901,006			\$ 1,059,902	\$ * 158,896	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Benefits	\$	Alden Management Services		\$ 57,912	\$ 57,912	15
16	V	19	Management Fees	629,328	Alden Management Services		16,689	(612,639)	16
17	V	21	Gen'l and Admin		Alden Management Services		33,522	33,522	17
18	V	5	Utilities		Alden Management Services		3,760	3,760	18
19	V	6	Maintenance/utilities		Alden Management Services		12,211	12,211	19
20	V	24	Travel and Seminar		Alden Management Services		12,621	12,621	20
21	V	26	Forum		Alden Management Services		293	293	21
22	V	20	Dues, Fees, Subscrip, & promo		Alden Management Services		570	570	22
23	V	30	Depreciation		Alden Management Services		10,584	10,584	23
24	V	31	amortization		Alden Management Services		1,697	1,697	24
25	V	33	real estate taxes		Alden Management Services		7,050	7,050	25
26	V	35	Rent-equipment		Alden Management Services		23,263	23,263	26
27	V	32	Inc interest exp		Alden Management Services		50,163	50,163	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 629,328			\$ 230,335	\$ * (398,993)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube-feeding	\$20,704	Pyramid Health Care		\$21,887	\$1,183	15
16	V	10	nursing supplies	69,342	Pyramid Health Care		8,678	(60,664)	16
17	V	39	per diems/other supplies	57,184	Pyramid Health Care		30,879	(26,305)	17
18	V	21	gen'l & admin		Pyramid Health Care		18,919	18,919	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$147,230			\$80,363	\$*(66,867)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	\$ 154,259	Forum Extended Care II		\$ 130,319	\$ (23,940)	15
16	V	10	houase stock	4,663	Forum Extended Care II		3,940	(723)	16
17	V	39	I.V.	91,991	Forum Extended Care II		77,715	(14,276)	17
18	V	22	employee benefits		Forum Extended Care II		2,040	2,040	18
19	V	21	gen'l & admin		Forum Extended Care II		8,949	8,949	19
20	V	32	interest		Forum Extended Care II		821	821	20
21	V	33	real estate tax		Forum Extended Care II		341	341	21
22	V	30	depreciation		Forum Extended Care II		1,821	1,821	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 250,913			\$ 225,946	\$ * (24,967)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	therapy	\$457,697	Community Physical Therapy		\$254,076	\$(203,621)	15
16	V	32	interest		Community Physical Therapy		156	156	16
17	V	31	amortization		Community Physical Therapy		103	103	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$457,697			\$254,335	\$*(203,362)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	repairs and maintenance	\$ 12,474	Alden Bennett Construction		\$ 12,434	\$ (40)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 12,474			\$ 12,434	\$ * (40)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	CARPET CLEANING	\$ 18,658	ALDEN REALTY - CARPET CARE		\$ 17,363	\$ (1,295)	15
16	V	6	FLOOR CLEANING	4,900	ALDEN REALTY - FLOOR CARE		4,622	(278)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 23,558			\$ 21,985	\$ * (1,573)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

ALDEN NURSING CENTER - VALLEY RIDGE

# 003-6640

Report Period Beginning

01/01/03

Ending:

12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Waterford	Aurora
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governs Park	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living



Facility Name & ID Number      Alden Valley Ridge Rehab & HCC      #      0036640      Report Period Beginning:      01/01/2003      Ending:      12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A Schlossberg	President	a	34.00	327,007	2.256	5.64	SALARY	\$ 19,545	17-1	1
2	Lauren Magnusson	Clinical Coord	b	A	82,155	2.256	5.64	SALARY	4,910	10-1	2
3	Terry Magnusson	Maint Super.	c	A	79,446	2.256	5.64	SALARY	4,748	6-1	3
4	Joan Carl	Vice president-AMS.	d	15.00	205,832	2.256	5.64	SALARY	12,303	17-1	4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										9
10	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										10
11											11
12											12
13								TOTAL	\$ 41,506		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
**FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION**

Facility Name & ID Number    Alden Valley Ridge Rehab & HCC                      #    0036640    Report Period Beginning:            01/01/2003                      Ending:    2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)                      YES ☒                      NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization    Alden Management Services, Inc  
Street Address                      4200 W. Peterson Ave  
City / State / Zip Code            Chicago, IL 60646  
Phone Number                      ( 773)286-3883  
Fax Number                          ( 773)286-3743

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		See page 8A (also on page 6A)				\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge Realty Capital		X	Mortgage	\$50,767.00		\$ 9,009,300	\$ 8,915,756	08/31/37		\$ 528,231	1	
2	Corus		X	working capital- paid off	\$19,028.00	6/02	1,197,700		5/03		5,895	2	
3	Leumi		X	working capital		6/03	1,197,700	733,776	05/04	6.8000	15,262	3	
4												4	
5	Interest on Bus Loan			Operations							1,912	5	
	Working Capital												
6	Related party -AMS/Ther Ex	X		Working Capital							52,402	6	
7	Related party -FECII	X		Working Capital							821	7	
8	Related party - CPT	X		Working Capital							156	8	
9	TOTAL Facility Related				\$69,795.00		\$ 11,404,700	\$ 9,649,532			\$ 604,679	9	
	B. Non-Facility Related*												
10	offset interest expense with VR Assoc interest income										(458)	10	
11	Corp GI4046 offset interest expense with interest income										(127)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (585)	14	
15	TOTALS (line 9+line14)						\$ 11,404,700	\$ 9,649,532			\$ 604,094	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 49,250 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name &amp; ID Number Alden Valley Ridge Rehab &amp; HCC

**# 0036640 Report Period Beginning: 01/01/2003 Ending: 12/31/2003**

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

## B. Real Estate Taxes

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1. Real Estate Tax accrual used on 2002 report.		\$	<b>148,300</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>161,163</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>12,863</b>	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>167,600</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$                  For                  Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>180,463</b>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	1998	<b>145,982</b>	8	
	1999	<b>135,032</b>	9	
	2000	<b>139,537</b>	10	
	2001	<b>143,975</b>	11	
	2002	<b>161,163</b>	12	
<b>Accrual based on 3% increase over prior year bill.</b>				

1998	<b>145,982</b>	8
1999	<b>135,032</b>	9
2000	<b>139,537</b>	10
2001	<b>143,975</b>	11
2002	<b>161,163</b>	12

<b>FOR OHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2002	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates    RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden Valley Ridge Rehab & HCC

COUNTY

DuPage

FACILITY IDPH LICENSE NUMBER

0036640

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE ( 773 )286-3883

FAX #: (773 ) 286-3743

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 02-23-031-017	Nursing home facility	\$ 2,816.82	\$ 2,816.82
2. 02-23-301-009	Nursing home facility	\$ 158,346.10	\$ 158,346.10
3.	Related Party - Alden Management	\$ 125,008.00	\$ 7,050.00
4.	Related Party - Forum	\$ 8,317.00	\$ 341.00
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 294,487.92	\$ 168,553.92

B. **Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services?    YES    X    NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,046 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (X) (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (X) (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES (X) NO

If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized: 3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing Home		1990	\$ 317,223	1
2					2
3	TOTALS			\$ 317,223	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Related party-Forum			1978	\$15,909	\$	22	\$	\$	\$15,909	4
5	207		1991		6,027,235	250,160	30	200,908	(49,252)	2,644,313	5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	LEASEHOLD IMPROVEMENTS	1991	\$ 1,644,299	\$	VARIOUS	\$	\$	\$	37
38	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.	1991	18,611		5			18,611	38
39	EXHAUST FAN/HVAC/BURNISHER/MISC.	1992	32,815	1,260	5,10 & 15	1,260		28,185	39
40	PIPE INSULATION/HVAC/MISC.	1993	31,308	1,810	5,10,15 &17	1,810		25,845	40
41	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP	1994	28,814	1,129	5,10 & 25	1,129		23,924	41
42	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995	28,634	2,272	10,15 & 20	2,272		19,994	42
43	ROOF REPAIR	1996	3,200	320	10	320		2,453	43
44	ROOF REPAIR	1996	2,500	250	10	250		1,854	44
45	PARKING LOT LIGHTING	1996	3,716	248	15	248		1,837	45
46	PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT	1997	8,767		5			8,767	46
47	REPAIR PUMP	1997	1,800		5			1,800	47
48	ROOF REPAIRS	1997	2,590		5			2,590	48
49	REPLACE COMPRESSOR	1997	6,885		5			6,885	49
50	REPLACE MIXING VALVE	1997	2,763		5			2,763	50
51	REPAIR PUMP	1997	2,161		5			2,161	51
52	REPLACE PUMP	1997	6,293		5			6,293	52
53	REPLACED COMPRESSOR	1997	5,000	(3,085)	5	(3,085)		1,915	53
54	ROOF REPAIRS	1997	1,800		5			1,800	54
55	DOOR HOLDER	1997	4,088	409	10	409		2,487	55
56	PARKING LOT	1997	131,918	10,175	20	10,175		55,115	56
57	INSTALL WALL PLATES/OUTLETS	1997	4,968	497	10	497		3,105	57
58	INSTALL CABLE	1998	5,244	524	10	524		2,841	58
59	PAINTING	1998	52,000	2,600	20	2,600		14,083	59
60	CARPETING	1998	59,500	2,975	20	2,975		16,115	60
61	DRAPERIES	1998	13,000	650	20	650		3,521	61
62	ROOF	1998	79,000	3,950	20	3,950		21,396	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,224,818	\$ 276,144		\$ 226,892	\$ (49,252)	\$ 2,936,562	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,224,818	\$ 276,144		\$ 226,892	\$ (49,252)	\$ 2,936,562	1
2	OIL/DRIER ON STAGE COMPRESSOR	1998	2,900	193	15	193		1,112	2
3	REPAIR TOWER	1998	2,727	181	15	181		1,000	3
4	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		711	4
5	CARPETING	1998	1,667	195	5	195		1,667	5
6	CARPETING	1998	15,858	2,114	5	2,114		15,858	6
7	CARPETING	1998	5,000	667	5	667		5,000	7
8	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		675	8
9	FLOOR TILE	1998	4,876	488	10	488		2,560	9
10	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058	206	10	206		1,080	10
11	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		518	11
12	REPLACE HEAT PUMP	1998	3,773	252	15	252		1,300	12
13	CARPETING	1998	20,000	3,333	5	3,333		20,000	13
14	CARPETING	1998	18,082	3,014	5	3,014		18,082	14
15	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		4,067	15
16	Northtown (repair dishwasher)	1999	1,695	170	10	170		833	16
17	Climate Service (replace hot water heater)	1999	9,561	637	15	637		3,028	17
18	Taylor Plumbing (pump repair)	1999	1,728	346	5	346		1,642	18
19	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		2,071	19
20	Rykoff-Sexton (booster heater)	1999	1,893	189	10	189		883	20
21	Climate Service (cleaned condenser and tower)	1999	2,642	264	10	264		1,211	21
22	Patten Industries(generator repair)	1999	2,870	287	10	287		1,292	22
23	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		428	23
24	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		462	24
25	Climate Service(repair tower fan)	1999	4,733	473	10	473		2,012	25
26	Climate Service(repair tower fan)	1999	2,405	241	10	241		1,022	26
27	New Horizons(replace power supply for phone system)	1999	3,767	377	10	377		1,601	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,361,240	\$ 291,608		\$ 242,356	\$ (49,252)	\$ 3,026,677	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,361,240	\$ 291,608		\$ 242,356	\$ (49,252)	\$ 3,026,677	1
2	Patten Industries(rebuild generator)	1999	7,884	394	20	394		1,610	2
3	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779	356	5	356		1,453	3
4	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		643	4
5	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		1,298	5
6	Fox Valley (re-wire smoke detectors)	2000	14,576	1,458	10	1,458		5,466	6
7	Harold(repair dish machaine)	2000	962	192	5	192		641	7
8	Harold(repair dish machaine)	2000	1,328	266	5	266		863	8
9	new horizons-install phone line	2000	2,742	274	10	274		960	9
10	CSI -Coker Service (new motor)	2001	3,865	386	10	386		1,095	10
11	State mandated tank removal	2001	12,242	816	15	816		2,448	11
12	Water Pump repair	2001	1,706	341	5	341		881	12
13	GT (new shaft)	2001	2,491	498	5	498		1,204	13
14	new horizons-install phone line	2001	1,572	314	5	314		734	14
15	GT (replace fan blade)	2001	3,534	707	5	707		1,649	15
16	Alco sales & service (beds)	2001	2,324	232	10	232		542	16
17	Alco sales & service (beds)	2001	233	23	10	23		53	17
18	GT (repalace motor)	2001	791	79	10	79		178	18
19	GT (replace heat exchanger)	2001	1,332	266	5	266		577	19
20	GT (repair leaking piping)	2001	1,381	276	5	276		598	20
21	GT (refund for shaft)	2002	(2,491)	(498)	5	(498)		(996)	21
22	ABC (misc. repair)	2002	2,126	425	5	425		850	22
23	GT (compressor)	2002	4,290	286	15	286		381	23
24	Capps (install drain)	2002	2,585	517	5	517		991	24
25	SMT healthcare system(body lift)	2002	10,132	675	15	675		1,069	25
26	ABC --(carpet in two elevators))	2002	1,279	128	10	128		235	26
27	ABC (new gate)	2002	3,362	336	10	336		504	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,450,695	\$ 300,850		\$ 251,598	\$ (49,252)	\$ 3,052,604	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,450,695	\$ 300,850		\$ 251,598	\$ (49,252)	\$ 3,052,604	1
2	ABC-New door	2003	2,102	123	10	123		123	2
3	ABC-Southland-New Floor	2003	857	86	10	86		86	3
4	ABC- Bathroom	2003	735	18	10	18		18	4
5	CSI-repair dishwasher	2003	2,111	387	5	387		387	5
6	ABC-GT Mech. Repair gas regulators	2003	2,369	217	10	217		217	6
7	ABC GTMech-repair water heater	2003	1,818	152	10	152		152	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,460,687	\$ 301,833		\$ 252,581	\$ (49,252)	\$ 3,053,587	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,460,687	\$ 301,833		\$ 252,581	\$ (49,252)	\$ 3,053,587	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		\$ 8,532,414	\$ 304,110		\$ 254,858	\$ (49,252)	\$ 3,106,409	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$606,200	\$46,014	\$46,014	\$		\$392,965	71
72	Current Year Purchases	28,753	3,587	3,587			3,587	72
73	Fully Depreciated Assets	473,793	2,659	2,659			473,793	73
74								74
75	TOTALS	\$1,108,745	\$52,261	\$52,261	\$		\$870,345	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	:dodge/other	98-'03	\$11,860	\$2,052	\$2,052	\$	3	\$11,658	76
77										77
78										78
79										79
80	TOTALS			\$11,860	\$2,052	\$2,052	\$		\$11,658	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$9,970,242	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$358,423	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$309,171	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(49,252)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$3,988,412	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	n/a	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	n/a	\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related Party - costs are backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease.
- 

9. Option to Buy:
- ☐ YES☐ NO
- Terms: \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?  
16. Rental Amount for movable equipment: \$8,880
- Description:Copy machine lease
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Transport	various	\$630.00	\$7,560	17
18					18
19	Related party - AMS		1,938.58	23,263	19
20					20
21	TOTAL		\$2,568.58	\$30,823	21

10. Effective dates of current rental agreement:
- Beginning6/00
- Ending7/10

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	\$871,320
13.	/2005	\$871,320
14.	/2006	\$871,320

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

COMMUNITY COLLEGE☐

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

HOURS PER AIDE

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 194,268	\$		\$ 194,268	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			44,784			44,784	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			214,682			214,682	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See pg 16A	# of prescripts				112,686		112,686	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	See pg 16A		13,294					13,294	12
13	Other (specify):	See pg 16A					(12,146)		(12,146)	13
14	TOTAL			\$ 13,294		\$ 453,734	\$ 100,540		\$ 567,568	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.



		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 4,007	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 115,000 )	2,200,101	2,200,101	3
4	Supply Inventory (priced at )	587	587	4
5	Short-Term Investments		206,260	5
6	Prepaid Insurance	6,114	50,533	6
7	Other Prepaid Expenses	2,176	2,176	7
8	Accounts Receivable (owners or related parties)	906,158	1,227,860	8
9	Other(specify): due from 3rd parties	77,950	77,950	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,193,086	\$ 3,769,474	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments		53,945	12
13	Land		290,687	13
14	Buildings, at Historical Cost		8,215,471	14
15	Leasehold Improvements, at Historical Cost	526,506	526,506	15
16	Equipment, at Historical Cost	434,062	1,032,996	16
17	Accumulated Depreciation (book methods)	(651,296)	(4,432,617)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 309,272	\$ 5,686,988	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,502,358	\$ 9,456,462	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,186,395	\$ 1,186,395	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	353,294	353,294	28
29	Short-Term Notes Payable	17,017	102,472	29
30	Accrued Salaries Payable	306,454	306,454	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	16,876	16,876	31
32	Accrued Real Estate Taxes(Sch.IX-B)		167,600	32
33	Accrued Interest Payable	324,390	368,226	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr ins,exps,idpa,sales tax,etc	100,029	100,029	36
37	Due to Affiliate		622,386	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,304,455	\$ 3,223,732	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	462,286	9,355,567	39
40	Mortgage Payable	733,776	733,776	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,196,062	\$ 10,089,343	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,500,517	\$ 13,313,075	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,841	\$ (3,856,613)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,502,358	\$ 9,456,462	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (465,048)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2002 cost report was		3
4	submitted. These have no effect on prior years report:	9,000	4
5	Bad debt, Medicare revenues (non-allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (456,048)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	457,889	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 457,889	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,841	24 *

\* This must agree with page 17, line 47.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 8,404,087	1
2	Discounts and Allowances for all Levels	( )	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,404,087	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	103,694	6
7	Oxygen	16,690	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 120,384	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,784	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	5,338	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,364	19
20	Radiology and X-Ray		20
21	Other Medical Services	60,758	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 70,244	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	127	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 127	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Recovery of bad debt/misc income	1,405	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,405	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,596,247	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,563,630	31
32	Health Care	2,975,092	32
33	General Administration	2,012,397	33
	B. Capital Expense		
34	Ownership	1,076,705	34
	C. Ancillary Expense		
35	Special Cost Centers	835,710	35
36	Provider Participation Fee	113,333	36
	D. Other Expenses (specify):		
37	Related Party Salary Allocation		37
38	transactions not included on this	(438,509)	38
39	page, but included on page 3 & 4		39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,138,358	40
41	Income before Income Taxes (line 30 minus line 40)**	457,889	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 457,889	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\* Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,125	2,197	\$ 68,174	\$ 31.03	1
2	Assistant Director of Nursing	2,020	2,092	63,505	30.36	2
3	Registered Nurses	21,929	23,257	636,567	27.37	3
4	Licensed Practical Nurses	25,314	27,329	619,686	22.68	4
5	Nurse Aides & Orderlies	73,165	75,829	894,088	11.79	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,062	2,264	33,404	14.75	8
9	Activity Director					9
10	Activity Assistants	5,466	5,784	51,604	8.92	10
11	Social Service Workers	2,000	2,088	37,739	18.07	11
12	Dietician	23,323	24,798	244,321	9.85	12
13	Food Service Supervisor					13
14	Head Cook	5,664	6,072	67,236	11.07	14
15	Cook Helpers/Assistants	8,759	9,379	90,796	9.68	15
16	Dishwashers					16
17	Maintenance Workers	1,960	2,080	30,123	14.48	17
18	Housekeepers	20,747	21,891	190,053	8.68	18
19	Laundry	5,725	6,454	50,289	7.79	19
20	Administrator	3,168	3,200	115,918	36.22	20
21	Assistant Administrator	192	272	6,164	22.66	21
22	Other Administrative	4,264	4,488	94,454	21.05	22
23	Office Manager	1,992	2,080	24,299	11.68	23
24	Clerical	2,470	2,519	24,299	9.65	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,053	3,117	93,470	29.99	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,000	2,064	42,342	20.51	31
32	Other Health Caclin supp super	2,031	2,095	49,067	23.42	32
33	Other(specify)Ward/Alzheimers	10,674	10,868	135,681	12.48	33
34	TOTAL (lines 1 - 33)	230,103	242,217	\$ 3,663,279 *	\$ 15.12	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	\$ 13,200	1-3	35
36	Medical Director	monthly	18,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,968	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	57	3,068	11-3	44
45	Social Service Consultant	28	1,532	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	85	\$ 40,768		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ N/A		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
L. Torres	Administrator	0	\$ 80,225	Workers' Compensation Insurance	\$	78,145	IDPH License Fee	\$ 0
J. Javier	Administrator	0	36,235	Unemployment Compensation Insurance		30,404	Advertising: Employee Recruitment	
				FICA Taxes		271,538	Health Care Worker Background Check	385
J. Roberts	Assist Admin	0	5,623	Employee Health Insurance		78,012	(Indicate # of checks performed 55 )	
				Employee Meals		36,782	Surety Bond Fees	770
				Illinois Municipal Retirement Fund (IMRF)*			Secretary of State	138
various executives/asst Admin	executive admin	0	79,343	Dental and Life Insurance		1,776	IL Health Care Association	7,725
TOTAL (agree to Schedule V, line 17, col. 1)				Employee relations, Misc. & Tuition		3,427	Software License	123
(List each licensed administrator separately.)			\$ 201,426	Drug tests, 401K match, Vaccinations		7,243		
B. Administrative - Other				Mktg Empl Benef deduction		(1,135)	Related Party	570
Description			Amount	Related Party		59,952	Less: Public Relations Expense	( )
			\$				Non-allowable advertising	( )
							Yellow page advertising	( )
				TOTAL (agree to Schedule V,	\$	566,143	TOTAL (agree to Sch. V,	\$ 9,711
				line 22, col.8)			line 20, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services							Out-of-State Travel	\$
Vendor/Payee	Type		Amount					
AMS	Management Fees	\$	629,328				In-State Travel	
Ken Fisch/Barry Greenburg	Legal Fees		15,468				Miscellaneous Auto & Travel	738
Janet Hermann	Legal Fees		2,187				Gas expenses	3,198
Neal, Gerber & Eisenberger	Legal Fees		325				Related Patry	12,621
BDO Seidman	Accounting fees		6,066				Seminar Expense	
Medi.Com	billing consult.		2,085				MDS Seminar	180
Comprehensive Therapeutics	Consulting services		652				IL Health Care Assoc. Medicaid seminar	75
	(reclassified in col 5 to ln 11)							
							Entertainment Expense	( )
							(agree to Sch. V,	
							line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	TOTAL	\$ 16,812
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 656,111					

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	Painting/hvac/pump rep's	2-10/92	\$ 6,223	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Plumbing/painting	7-10/94	10,767	5									
3	Painting/hvac repairs	1-12/95	14,370	3-10									
4	Painting/hvac damper rep	1-12/96	21,136	3-10	656	656	656	656	656	656			
5	sprinklers/hvac repairs	5-11/97	12,867	3	2,989	0							
6	hvac repair	6/98	2,089	3	696	290	0						
7	painting>\$1,500 ytd 1999	7/99	10,794	3	3,598	3,598	1,799	0					
8	ABC(repair pole)	9/00	1,278	3	142	426	426	284	0				
9	GT Mech.(repair A/C)	8/00	1,545	3	214	515	515	301	0				
10	painting>\$1,500 ytd 2000	7/00	10,444	3	1,741	3,481	3,481	1,741	0				
11	CSI (repalce boiler)	5/01	4,312	3		958	1,437	1,437	480				
12	Capps Plumbing	9/01	1,645	3		183	548	548	366				
13	ABC (misc repairs)	10/02	1,392	3			116	464	464	348			
14	GT (cooling tower repair)	7/02	2,216	3			369	739	739	369			
15	ABC (misc repairs)	09/02	1,774	3			197	591	591	395			
16	ABC(misc repairs)	01/03	1,483	3				494	494	494			
17													
18													
19													
20	TOTALS		\$ 104,335		\$ 10,036	\$ 10,107	\$ 9,544	\$ 7,255	\$ 3,790	\$ 2,262	\$	\$	\$

Facility Name &amp; ID Number Alden Valley Ridge Rehab &amp; HCC

# 0036640

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report?  
If YES, give association name and amount. Ill Healthcare Assoc.-\$11,318
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 25,711 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 113,333  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 36,782 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? no  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ n/a  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? n/a  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a  
**g. Does the facility transport residents to and from day training?** no  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? no  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? n/a If no, please explain. not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes  
Attach invoices and a summary of services for all architect and appraisal fees.

Reporting Period Beginning 1/01/03  
Reporting Period Ending 12/31/03

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(36,782)	Employee Meal
	22	31,598	Employee Meal
19		(652)	Uniforms 265
	1	700	Uniforms
	3	200	Uniforms
	4	150	Uniforms
	6	150	Uniforms
	10	3,500	Uniforms
	10a	250	Uniforms
	11	802	Uniforms
	12	84	
		<hr/>	
		0	Net should be 0